The Child Welfare System

How this System and Children with Special Health Care Needs Intersect
The Child Welfare System 101

What we really mean when we say “the child welfare system”

- Child Protective Services
- Neglect/Abuse
- Open Case
- In-home services/Removal
- Foster Care
- Congregate Care
- Kinship Care
What is Child Abuse?

Neglect: Failure to meet the child’s basic physical needs like food, water and safety. It can also be the failure to meet a child’s cognitive, emotional or social needs which preclude children from developing the systems that are necessary for adequate physical and mental health.

Medical neglect: The failure to provide and/or make accessible adequate health interventions. This can include, not taking a child to a doctor, filling prescriptions,

Abuse: Child abuse or child maltreatment is physical, sexual, and/or psychological maltreatment or neglect of a child or children, especially by a parent or a caregiver. Child abuse may include any act or failure to act by a parent or a caregiver that results in actual or potential harm to a child, and can occur in a child's home, or in the organizations, schools or communities the child interacts with.
The Numbers
They Speak for Themselves

7.5 million children were referred to the protective service system in 2017

3.5 million warranted an investigation

1.3 children being significantly harmed every 60 seconds

74.9% neglect

1,720 children who died from maltreatment in 2017.

U.S. is second, only to Mexico, for most intentional child fatalities in the developing word.
How does a child enter the foster care system?

Children are placed in foster care when a child protective services worker and a court have determined that it is not safe for the child to remain at home because of the risk of maltreatment, including neglect and physical or sexual abuse.

How many children are in foster care?

- In 2016, 422,000 children were in the foster care system.
- In 2016, 273,539 children entered the foster care system.
- Only 170,319 of these children received federal foster care dollars.
- 53% of these children will spend two years or more in foster care.

What does a child coming into the foster care system look like?

- **Sex**
  - 52% Male
  - 48% Female

- **Race**
  - 2% American Indian/Alaskan Native
  - 1% Asian
  - 24% Black of African American
  - 22% Hispanic
  - 42% White

- **Age**
  - 39% 5 years or under
  - 23% 6 to 10 years old
  - 22% 11 to 15 years old
  - 16% 16-20 years old
Children in Foster Care

All Children Matter

Health needs of children in foster care?

- 15% of the children enter the system due to abuse.
- 85% enter for neglect.
- 80% of these children present signs consistent with needing mental health services.
- >33% enter the foster system with a chronic health problem.

See Graph:

[Graph showing children with disabilities in foster care and mental health]
Moving Children Towards Permanency

Where will These Children Go?

- Reunification
- Kinship Care
- Long Term Foster Care
- Guardianship
- Adoption
How is This System Funded?

A Complicated and Braided System of Funds

Federal Funding
- Title IVE and IVB
- Block Grants
- Medicaid

State Dollars

Private Dollars
The Health Needs of Children in Care

Child maltreatment can be responsible for changes to the structure and chemical activity of the brain (decreased size or connectivity) and in the emotional and behavioral functioning of a child.

Data from the last 30 years demonstrating the high prevalence of health problems have led the American Academy of Pediatrics (AAP) to classify children in foster care as a population of children with special health care needs.

Overall, 30% to 80% of children come into foster care with at least 1 medical problem, and one-third have a chronic medical condition.

Up to 80% of children and adolescents enter with a significant mental health need, and almost 40% have significant oral health issues.

Approximately 60% of children younger than 5 years have developmental health issues, and more than 40% of school-aged children have educational difficulties.
Health Needs Continued- Mental Health

Up to 80 percent of children in foster care have significant mental health issues, compared to approximately 18-22 percent of the general population.

The range of mental health issues that is evident among foster children is vast and varied, and includes post-traumatic stress disorder (PTSD), panic and anxiety disorders, major depression and drug/alcohol abuse. And while it would seem natural that these issues might emerge as a child ages and reaches adolescence, what may be surprising is how early they arise, and how prevalent they are in the very young — those under the age of six.
Care Delivery… It’s lacking.

For foster youth in particular, access to comprehensive physical and mental health care is rather poor. Why?

- Medicaid Coverage
- Transience which leads to:
  - Disjointed Care
  - Lack of coordination among providers
  - Different Insurance, Different Providers
  - Lack of support system to ensure appointments are made, transportation is provided.
- Florida: An example of Medicaid Innovation
Resources

Helping us better understand the health and mental health needs of foster youth


2.5M children live with kin without a birth parent in the home.

1/3 of all children in kinship care have special healthcare needs.

80% enter care with significant mental health needs.

$1.09M CA receives $1.09M in federal funding dollars to help accommodate the 920,000 children who live in kinship care.

Kinship Navigator Programs
- Kinship Navigator Programs provide the support grandparents, relatives and other caregivers need when they take on the responsibility of caring for another relative's child.
- The main goal of Kinship Navigator Programs is to provide kinship families with access to local community resources.

Kinship Navigator Services
- Legal Services
- Aging Services
- Youth Services
- County Services
- Education Services
- Information
- Referrals
- Support Groups
- Case Management

- Roughly 70 Kinship Navigator Programs across the US are federally funded with the budgeted $20M from Congress through the Family First Prevention Services Act.
- A full list of all registered Kinship Navigator Programs nationwide can be found at: www.grandfamilies.org
List of Kinship Navigator Programs

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<th>Program Name</th>
<th>Website</th>
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<tr>
<td>Alabama Department of Senior Services</td>
<td><a href="http://www.alabamagov.ue/care">www.alabamagov.ue/care</a></td>
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<td>Grandfamilies Network Program</td>
<td><a href="https://www.woak.org/grandfamilies">https://www.woak.org/grandfamilies</a></td>
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<td>Arizona Kinship Navigator Program (AskKN)</td>
<td><a href="http://www.arkankinship.org">www.arkankinship.org</a></td>
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<td>Arkansas Voices for the Children Left Behind</td>
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<td>Families Helping Families</td>
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<td>Lilacip Children’s Services</td>
<td><a href="http://www.lilacip.org">www.lilacip.org</a></td>
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<td>California Kinship Navigator Program</td>
<td><a href="http://www.edgewood.org/kssp/">http://www.edgewood.org/kssp/</a></td>
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<td>211 Fostor Kinship Navigator Collaborative</td>
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<td>2-1-1 Health and Human Services</td>
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<td>Child and Family Guidance Center</td>
<td><a href="http://ctguidance.com/">http://ctguidance.com/</a></td>
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<td>Kinship Care Program</td>
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<td>KIN-Too</td>
<td><a href="https://www.childrenshomenetwork.org/kinship/">https://www.childrenshomenetwork.org/kinship/</a></td>
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<td>Georgia Kinship Navigator Program</td>
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<td>Idaho 2-1-1</td>
<td><a href="http://211.klaho.org/">http://211.klaho.org/</a></td>
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<td>Indiana 211</td>
<td><a href="https://www.ing211.org/">https://www.ing211.org/</a></td>
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<td>Kansas Children’s Service League</td>
<td><a href="http://www.kcsl.org">http://www.kcsl.org</a></td>
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<td>Adoptive &amp; Foster Families of Maine</td>
<td><a href="https://www.atm.net/">https://www.atm.net/</a></td>
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<td>Baltimore County Family Navigator</td>
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<td>Maryland Kinship Navigator Program</td>
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<td>Caregiver Support Program</td>
<td><a href="https://www.co.jackson.ms.us/029/Caregiver-Support-Programs">https://www.co.jackson.ms.us/029/Caregiver-Support-Programs</a></td>
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<td>Lutheran Social Service of Minnesota</td>
<td><a href="http://www.lssmn.org/kinshipcaregivers/">http://www.lssmn.org/kinshipcaregivers/</a></td>
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<td>Foster Kinship</td>
<td><a href="http://www.fosterinfo.com/">http://www.fosterinfo.com/</a></td>
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<td>2-1-1 New Hampshire</td>
<td><a href="http://www.211nh.org/">http://www.211nh.org/</a></td>
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<td>Family Service Association</td>
<td><a href="http://www.sha.org/">http://www.sha.org/</a></td>
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<td>CarePlus, NJ</td>
<td><a href="http://www.careplusni.org/">http://www.careplusni.org/</a></td>
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<td>The Salvation Army</td>
<td><a href="https://newjersey.salvationarmy.org/NewJersey/newark">https://newjersey.salvationarmy.org/NewJersey/newark</a></td>
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<td>Children’s Home Society of NJ</td>
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<td>New York State Kinship Navigator</td>
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<td>Richland County Kinship Care Program</td>
<td><a href="https://www.richlandcountychildrenservices.org/">https://www.richlandcountychildrenservices.org/</a></td>
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<td>Franklin County Kinship Care Program</td>
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<tr>
<td>Kinship Navigator Program</td>
<td><a href="https://areaofficeonaging.com/programs/">https://areaofficeonaging.com/programs/</a></td>
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<td><a href="http://www.summitkids.org/FosterCareAdoptionKinship/KinshipCare/KinshipCareNavigationServices/index/216/Default.aspx">http://www.summitkids.org/FosterCareAdoptionKinship/KinshipCare/KinshipCareNavigationServices/index/216/Default.aspx</a></td>
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<td>Integrated Services for Behavioral Health</td>
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<td>Kinship Permanency Incentive Program</td>
<td><a href="https://fs.ohio.gov/ofd/kinship_care.shtm">https://fs.ohio.gov/ofd/kinship_care.shtm</a></td>
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<td>Pennsylvania Kinship Navigator</td>
<td><a href="http://www.psu.edu/extension/intergenerational/program-areas/kinship">http://www.psu.edu/extension/intergenerational/program-areas/kinship</a></td>
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<td>Doling Center for Developmental Disabilities</td>
<td><a href="https://www.uhsc.edu/bodd/services/demonstration/rcp/services.php">https://www.uhsc.edu/bodd/services/demonstration/rcp/services.php</a></td>
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<td>Upper Cumberland Development District</td>
<td><a href="https://uucdd.org/housingandfamily/services/rcp/">https://uucdd.org/housingandfamily/services/rcp/</a></td>
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<td>Family and Children’s Services</td>
<td><a href="https://www.fcsnashville.org/#">http://www.fcsnashville.org/#</a></td>
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<td>South Central Caregiver Program</td>
<td><a href="http://thecenterforfamilydevelopment.org/HeavenSent/4-column/">http://thecenterforfamilydevelopment.org/HeavenSent/4-column/</a></td>
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<td>Grandfamilies</td>
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<td>Vermont Kin as Parents</td>
<td><a href="http://vermontkinasparents.org/?page_id=68">http://vermontkinasparents.org/?page_id=68</a></td>
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<td>New Found Families</td>
<td><a href="http://newfoundva.com/about-kinship">http://newfoundva.com/about-kinship</a></td>
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<td>Rural Resources Community Action</td>
<td><a href="https://bhwg.org/programs/elder-services/family-caregiver-support-services/">https://bhwg.org/programs/elder-services/family-caregiver-support-services/</a></td>
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<tr>
<td>Catholic Family &amp; Child Services</td>
<td><a href="http://www.slideswap.org/all/gt/senior-services/caregiver-support-services-0">http://www.slideswap.org/all/gt/senior-services/caregiver-support-services-0</a></td>
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<td>Stillaguamish Senior Center</td>
<td><a href="http://www.hhswa.gov/alls/catholic-family-and-child-services-0">http://www.hhswa.gov/alls/catholic-family-and-child-services-0</a></td>
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<tr>
<td>Northwest Regional Council (AAA)</td>
<td><a href="http://www.nwrcsa.org/family-caregiver-support-program/">http://www.nwrcsa.org/family-caregiver-support-program/</a></td>
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How can F2F’s and SAO’s Impact this population?

- Develop Kinship Navigation Programs or collaborate with existing programs
- Offer system navigation support to caseworkers and kinship navigators
- Offer “Serving on Groups that Make Decisions” training for Foster Families
- Offer Medicaid 101, Waiver, CHP+ and IEP training
- Provide resources to caseworkers and referrals to community-based services
- Provide transition resources and tools for Foster Families
Tools for Foster Care Families

- Checklist for gathering important documents
- Filing System for document storage
- Information to re-establish Medical Home
- Fast Facts and other Resources
- Transition Guides or other available tools
- “Serving on Groups training”
- Medicaid 101, Waiver, and CHP+ training
- Education System orientation
Policy Implications and Questions

- Children in the Child Welfare System by definition, have been exposed to the types of trauma that necessitate both behavioral as well as physical health interventions, without exception. However, do we consider them children with special health care needs?
- Should we?
Policy Implications and Questions

● How might our policies regarding children and youth who meet the federal definition of a child with a special health care need work in collaboration with our child welfare policies?

● Should legislators, as they continue to contemplate our Nation’s rising mental health needs, acknowledge children and youth entering the foster care system as children with special health care needs and if they did, what policy changes could/should they make?
Community of Practice (CoP)
The Child Welfare Medicaid Intersection

‘CoPs develop around things that matter to people

The difference between a CoP and a team is that the shared learning and interest of its members is what keeps it together. It is defined by knowledge rather than task. It exists because participation has value to members.’

Etienne Wenger, 1998
Community of Practice
The Child Welfare Medicaid Intersection

- Communities of practice enable practitioners to take collective responsibility for managing the knowledge they need, recognizing that, given the proper structure, they are in the best position to do this.

- Communities among practitioners create a direct link between learning and performance, because the same people participate in communities of practice and in teams and business units.

- Practitioners can address the tacit and dynamic aspects of knowledge creation and sharing, as well as the more explicit aspects.

- Communities are not limited by formal structures: they create connections among people across organizational and geographic boundaries.
Community of Practice
The Child Welfare Medicaid Intersection

As a CoP what can we accomplish?

No Brainers
● Educate Caseworkers about how to connect with Early Intervention (age 0-3)
● Navigation and Transition tools for families
● “Serving on Groups” training for families
● Medicaid 101, Waiver, Educational System training for families

Short-term Satisfaction
● Develop policy goals and strategy

Long-term Big Audacious Goal
● Federal and State Legislation, Rules, Regulations, Implementation
Next Steps?

Join the CoP!

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